

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		71530	7-29
O.I.P.E. CLASSIFIER		12	7/30/94
FORMALITY REVIEW		64934	82690

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 .. ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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